

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 — 0 1 5

2. STATE:

ID

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

11-1-99

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

P.L. 104-193

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 23c
Supplement 16 to Attachment 2.6-A,
Pages 1-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, Page 23c
Supplement 16 to Attachment 2.6-A
Pages 1-2

10. SUBJECT OF AMENDMENT:

Less restrictive income and resource methodologies and twelve month continuous
Medicaid eligibility for children.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Karl B. Kurtz

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Idaho Dept of Health and Welfare
Division of Welfare, Policy Bureau
450 West State ST, 6th Floor
P.O. Box 83720
Boise, ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

DEC 28 REC'D

1999

18. DATE APPROVED:

DEC 22 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

NOV 1 1999

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Teresa L. Trimble

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

SUPPLEMENT 16 TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: IDAHO

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

 X Pregnant women with no other eligible children.

 X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

 In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

 X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications.

 The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

 The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

 The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

 X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. When determining countable resources, the cash value of life insurance policies will be disregarded.

TN No. 99-015

Supercedes

TN No. 97-14

Approval Date 12-22-00 Effective Date 1-1-99

SUPPLEMENT 16 TO ATTACHMENT 2.6-A
Page 2

2. When determining countable resources, the total value of one vehicle will be disregarded. The total value of a second vehicle will be disregarded for two-parent families when the vehicle is used for seeking or retaining work or for medical transportation. The equity value of all additional vehicles will be counted.
- ~~3. When determining countable income, an average of income from the application month and the prior three months will be used. If ineligibility results using a four month average, income from the past twelve months will be averaged when it reflects current income. When an average of past income does not reflect current income, monthly income will be projected based on the family's current situation. Allowable income disregards provided for in the AFDC State Plan will continue to be applied.~~
4. All in-kind income will be disregarded.
5. Either 50% of gross self-employment income or allowable self-employment expenses provided for in the AFDC State Plan (whichever is greater) will be used to determine countable self-employment income.
6. All JTPA income belonging to a child will be disregarded.
7. All earned income, belonging to a child will be disregarded.
8. All TANF diversion income will be disregarded.
9. Section 402(a)(41) and various provisions at 45 CFR 233.101 (a)(1) and (c)(i)(iii) as in effect prior to the implementation of the Temporary Assistance to Needy Families Program: AFDC-Unemployed/Underemployed Parent (UP) Requirements to allow the State to eliminate the 100 hour rule requirement for the primary wage earner in a two-parent household.
10. TANF benefit payments are in excess of previous AFDC payments for a one and two person household. Therefore, \$100 of Temporary Assistance for Families in Idaho (TANF) income is disregarded for one and two person families applying for or receiving Temporary Assistance for Families in Idaho.

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The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

1. The cash value of life insurance policies was counted as a resource.
2. When determining countable resources, the equity value of one vehicle up to \$1,500 was disregarded.
3. When determining countable income, the income for the application month was considered.
4. All in-kind income was counted.
5. Countable self-employment income was computed by subtracting allowable self-employment expenses.
6. A child's JTPA income was counted for six months each year.
7. A child's earned income was disregarded if the child was enrolled in school full time.
8. All TANF diversion income was counted.

 X The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

 The agency continues to apply the following waivers of provisions of Part A of title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

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The State covers:

 X

All children described above who are under age 19 (18, 19) with family income at or below 50 percent of the Federal poverty level.

 The following reasonable classifications of children described above who are under age (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902 (e) (12) of the Act

 X 21.

A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1930A of the Act

 22.

Children under age 19 who are determined by a "qualified entity" (as defined in S1920A (b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 99-015
supersedes TN 98-08

approved 12/22/00
effective 11/1/99